

3712

TRANSMITTAL FORM	
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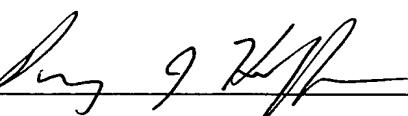
		Application Number	10/056,676
		Filing Date	January 24, 2002
		First Named Inventor	REHKEMPER
		Art Unit	3712
		Examiner Name	Jamila O. Williams
Total Number of Pages in This Submission	39	Attorney Docket Number	090455-9319

ENCLOSURES (check all that apply)		PETITION FOR EXTENSION OF TIME	
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Sixteen (16) Sheets of Amended Drawings		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.	

CLAIMS FEES								
<input checked="" type="checkbox"/> No additional claim fee is required.					Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	13	-	20	=0	x 9=	\$	x 18=	\$0
Independent	3	-	3	=0	x 43=	\$	x 86=	\$0
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=	\$0

ENCLOSED FEES							
<input type="checkbox"/> Additional Claim Fee <input type="checkbox"/> Extension fee for one-month <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Surcharge for Missing Parts – Declaration <input type="checkbox"/> Terminal Disclaimer							\$
							\$110.00
							\$180.00
							\$130.00
							\$110.00
TOTAL FEES ENCLOSED							\$

PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$.							

SIGNATURE OF ATTORNEY							
Perry W. Hoffman, Reg. No. 37,150 MICHAEL BEST & FRIEDRICH, LLC 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: November 26, 2003			

CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is: <input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name Signature		Carol A. Graves <i>Carol A. Graves</i>		Date: November 26, 2003			